index dose of 90mg. **CONCLUSIONS:** The real-world distribution of ustekinumab is consistent with dosing recommendations in the prescribing information.

PSS28

INTRAVITREAL INJECTIONS IN AUSTRIA - RESULTS OF AN EXPERT SURVEY AND COMPARISON WITH UTILISATION RATES FROM THE AUSTRIAN MINISTRY OF HEALTH

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OBJECTIVES: Intravitreal injections are an important treatment options for patients with various ophthalmologic diseases in Austria. There is a lack of data on the real-life use of intravitreal injections in Austria. **METHODS:** A standardized questionnaire on practice patterns was developed in cooperation with the Austrian Society of ophthalmologic surgeons. The survey was distributed among treating ophthalmologists and results were compared to data from the Austrian ministry of health an prevalence-adjusted results from a landmark study in intravitreal injections. **RESULTS:** The response rate to the survey was 100%. Twenty-six centers across Austria participated and reported a cumulative number of 30,124 patients treated with intravitreal injections in 2010. The Austrian ministry of health reports 30,733 intravitreal injections in 2010. Despite the fact that we have covered more than 98% of cases in our survey, the disparities across different Austrian counties became apparent, from the province Burgenland with only 17% of patients receiving intravitreal injections to the province of Vienna, where 44% of patients received adequate treatment as per the CATT study. Based on a prevalence rate of 0.162%, 13,550 cases of wet AMD are expected in Austria. As there is currently no other treatment option for wet AMD than intravitreal injections and a recent study found the optimal dosing frequency to be seven injections per year, the number of intravitreal injections should be much higher - 94,800 injections are expected if every patient is treated according to the finding from the CATT study, namely 7 injections per affected eye per year. As both eyes are affected in most patients, the number should be even higher. **CONCLUSIONS:** More research is needed to increase information and transparency around the epidemiology of diseases treated by intravitreal injection and the real-life injection rates in Austria.

PSS29

REAL-WORLD CHARACTERISTICS AND SEVERITY ASSESSMENT OF UNITED STATES HEALTH PLAN MEMBERS TREATED WITH USTEKINUMAB FOR MODERATE-TO-SEVERE PSORIASIS

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OBJECTIVES: To assess real-world characteristics and severity of United States health plan members with psoriasis receiving ustekinumab. **METHODS:** Medical/pharmacy claims from the HealthCore Integrated Research Database (HIRDSM) were analyzed. Patients included had/were: ≥ 1 ustekinumab medical/ pharmacy claim (09/01/2009-11/30/2010); aged ≥18 years old at time of first ustekinumab claim (index date); ≥1 psoriasis diagnosis code; and ≥ 12 months continuous enrollment pre-index. Patients with a medical/ pharmacy claim for another biologic at index were excluded. Patient characteristics and severity were evaluated for the 12 months pre-index, and included comorbidities, history of biologic use/psoriasis-related topical steroids/ non-biologic systemic medications, and psoriasis-related healthcare utilization. **RESULTS:** 374 patients were included (mean±SD age was 48±12 years; 56.4% were male). Mean±SD Deyo-Charlson Comorbidity Index was 0.55 ±0.97. Dyslipidemia (46.3%) and hypertension (43.3%) were the two most prevalent comorbidities prior to initiating ustekinumab. The majority (69.5%; n=260) of patients had a history of biologic experience. Of those with pre-index biologic use, 22.3% had experience with ≥2 biologics prior to ustekinumab. The majority (58.0%) of all patients had history with pre-index topical steroids; 36.4% of all patients had history with non-biologic, systemic medications. Patients had a mean±SD of 4.0±3.0 psoriasis-related office visits pre-index. Few had a psoriasis-related hospitalization (2.7%) or emergency room (ER) visit (1.9%) with a mean±SD of 1.1±0.3 and 1.4±1.1 admissions or visits among patients with hospitalization or ER visit, respectively. **CONCLUSIONS:** The majority of psoriasis patients receiving ustekinumab were biologic-experienced, and nearly half had pre-existing dyslipidemia and/or hypertension. Non-biologic, systemic medication use was evident in over a third of all patients prior to ustekinumab. These data may be incorporated in psoriasis health plan programs, as there may be an opportunity to consider dyslipidemia and hypertension management. Furthermore, these data may be compared with existing severity data for other psoriasis biologics.

PSS30

DOSING PATTERNS AND HEALTH CARE PROVIDER INTERACTIONS FOR PSORIASIS PATIENTS TREATED WITH USTEKINUMAB

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OBJECTIVES: Ustekinumab, a biologic used in moderate-to-severe plaque psoriasis (PsO), is dosed at 45mg or 90mg with health care provider (HCP) administration at weeks 0, 4, and every 12 weeks thereafter. The objective of this study was to evaluate the observed dosing patterns and HCP office visits for psoriasis patients receiving ustekinumab. **METHODS:** The IMS LifeLink™ database was utilized to analyze patients with an index pharmacy claim of ustekinumab therapy initiated September 25, 2009 to March 31, 2011. Inclusion criteria: patients aged ≥ 18 years at index, ≥ 1 PsO diagnosis code before or on index, and ≥ 360 days pre-index continuous enrollment. Ustekinumab dosing patterns included the proportion of 45mg and 90mg doses at each of the first four fills and the time between injections. Increases or decreases in dose between subsequent fills were assessed. Office visits were evaluated for the 180-day post-index time period (patients required ≥ 180 days post-index continuous enrollment). **RESULTS:** A total of 306 PsO patients receiving ustekinumab were evaluated. The proportion of index 45mg/90mg use was 65%/35%. The proportion of 45mg use spanned 59%-61% across remaining fills. Median (mean± SD) interval times were 28 (30±20), 84 (87±32), and 85 (90±33) days for first to second, second to third, and third to fourth doses, respectively. Changes in dose were observed for ≤ 7% of patients at each fill. Patients (n=280) incurred a median (mean) number of 4 (5.5) all-cause and 3 (2.5) PsO-related HCP office visits during the first six-months after initiating therapy. **CONCLUSIONS:** These results suggest that most PsO patients are initiated with a 45 mg dose. Nearly 93% of all patients at each fill did not require dose changes over the first 4 prescriptions. The observed interval patterns were consistent with the recommended ustekinumab administration schedule. Additionally, patients experienced PsO-related HCP interactions commensurate with the number of ustekinumab doses expected.

SENSORY SYSTEMS DISORDERS – Research on Methods

PSS31

ANALYSIS OF THE RELATIONSHIP BETWEENPSORIASIS SEVERITY AND QUALITY OF LIFE, WORK PRODUCTIVITY, AND ACTIVITY IMPAIRMENT AMONG PATIENTS WITH MODERATE TO SEVERE PSORIASIS USING STRUCTURAL EQUATION MODELING

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BACKGROUND: Plaque psoriasis is a chronic disease characterized by scaly plaques that can itch and bleed. When psoriasis covers over 10% of the body it is classified as moderate to severe, and can have a major impact on patient quality of life. **OBJECTIVES:** The primary objective was to determine the relationship between plaque psoriasis severity and health outcomes, work productivity, and activity impairment among patients with moderate to severe psoriasis. **METHODS:** The sample included 199 patients: 179 respondents had plaque psoriasis, 20 had plaque and inverse psoriasis. Three psoriasis symptoms were studied (itching, pain, and scaling). A structural equations framework was used to estimate the effect of these symptoms on patient outcomes. In the first stage, each severity variable was regressed on a set of covariates to generate a predicted severity score. These predicted values were then placed in a second stage model with patient mental and physical scores (SF-12), work productivity, and activity impairment indicators as the dependent variables. **RESULTS:** Severity of itching had a negative effect on patients' SF-12 physical and mental component scores. The effects were marginally significant ($p<0.06$). Severity of pain was significant for physical and mental health ($p<0.02$). Patients were more likely to miss work because of greater itching (OR: 2.31, CI [1.30, 4.10]), pain (OR: 1.78, CI [1.25, 2.52]), and scaling (OR: 2.15, CI [1.31, 3.52]) symptoms. These symptoms also affected productivity. More severe itching (OR: 1.74, CI [1.03, 2.95]), scaling (OR: 1.84, CI [1.16, 2.90]), and pain symptoms (OR: 1.53, CI [1.12, 2.09]) increased the likelihood that a patient would be less productive on the job. **CONCLUSIONS:** Plaque psoriasis has a significant effect on patients' quality of life. In addition to greater mental and physical pain, patients are more likely to miss work and have diminished productivity as the severity of symptoms increases.

PSS32

PHARMACOECONOMIC EVALUATION OF BACTERIAL EYE INFLAMMATION TREATMENT IN RUSSIA

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Bacterial eye inflammation (primarily conjunctivitis) is one of the most common cause of temporary disability in ophthalmology. Furthermore, bacterial eye inflammation is one of the most common complications in the practice of ophthalmologic surgeries and it impacts the primary operation outcome. Thus, optimization of drug therapy and prophylaxis of bacterial eye inflammation is an actual problem of health care system in Russia. **OBJECTIVES:** We provided two pharmacoeconomic studies. In the first one a treatment of bacterial conjunctivitis with fluoroquinolones (Vigamox (moxifloxacin), Ophtakvix and Signicef (levofloxacin), Cipromed (ciprofloxacin) and Floxal (ofloxacin) eye-drops was considered and the second study provided pharmacoeconomic evaluation of prophylaxis of postoperative bacterial eye inflammation with combined eye-drops drugs of antibiotic and glucocorticosteroid (Tobradex (tobramicine+dexamethasone) and Combinil-Duo (ciprofloxacin +dexamethasone)). **METHODS:** Cost-efficacy analysis and cost-of-illness analysis were used. Direct and indirect costs were considered for bacterial conjunctivitis study and direct only costs were considered for postoperative bacterial eye inflammation in pharmacoeconomic study. **RESULTS:** The first study has found that Vigamox is a dominant drug to the other ones. The cost-efficacy ratio (CER) (cost of 1% of patients with successful treatment) for Vigamox it was – 1415 RUB, for Ophtakvix – 1652 RUB, for Signicef – 1458 RUB, for Cipromed – 1674 RUB, for Floxal – 1630 RUB. Cost-efficacy analysis of postoperative bacterial eye inflammation prophylaxis has shown that Tobradex has dominant technology compared with to Combinil-Duo. CER (cost of 1% of patients without sign of inflammation to 14th day after operation) for Tobradex it was – 453 RUB, for Combinil-Duo – 515 RUB. **CONCLUSIONS:** Two conducted pharmacoeconomic studies show benefit of Viga-